U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	For Official Use Only	
1. File Number U-19933 2. Fiscal Year Covered From: 1 1 2 2004 Through: 12 3 2004 3. Name and address of person filing. Name Ernest U Johnson Labor Organization File Number and address of labor organization. Name Painters Local Union # 118 Labor Organization File Number 003157 P.O. Box, Bldg, Room No., if any P.O. Box, Bulding and Room Number, if any. Street \$449 Windward Ct Street \$429 South Brook Street City Louisuille State Ky 2P Code +4 40219 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Hold an interest in, engaged in transactions (including loans) with, or derived income or other connomic benefit of monetary value from an employer whose employees your organization representation in its activaty seeking to corresent. 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Budg, Room No., if any Street 3. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information contained in any accomplaying documents), has been evanished by the signatory and is, to the best of the undersigned showledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signature City Suppose Suppose Suppose of the section on penalties of the law, that all of the information contained in any accompanying documents), has been evanished by the signatory and is, to the best of the undersigned showledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
1. File Number U 19133 2. Fiscal Year Covered From: 1 / 1 / 2004. Through: 12 / 3 / 2004. 3. Name and address of person filing. 4. Name, file number, and address of babor organization. Name Ernes + W Johnson. Name Painters Local Union # 118 Labor Organization File Number 003/59 P.O. Box, Bidg. Room No., if any P.O. Box, Bidg. Room No., if any P.O. Box, Building and Room Number, if any. Street # 12 0 9 South Brook Street City Louish: IIIC State Ky 2IP Code +4 # 103/9 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions). A Held an interest in, engaged in transactions (including loans) with or derived increase or other controls benefit of moretary value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bidg., Room No., if any T.b. Amount. T.b. Amount. 15. Signature and verification. The undersigned declares, under penalty of Persury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skinowledge and belief, true, correct, and complete, (See the section on penalties in the instructions.)	7.7220	
1. File Number U - 1993 2 Fiscal Year Covered Finan: 1 / 1 / 2004 Through: 12 / 31 / 2004 3. Name and address of person filing. A. Name, file number, and address of labor organization. Name Ernes # U Johnson Name Pain #c-3 Local Union # 1/8 Labor Organization File Number 00 3/57 P.O. Box, Bidg, Room No., if any P.O. Box, Bidg, Room No. if any Street 89/19 Windward Crf City Louisuille State Ky ZIP Code + 4 #02/9 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Hadd an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is actively stecking to expresent. A. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg, Room No, if any Street ZiP Code +4 Signature 15. Signature and verification. The underligned declares, under penalty of Perjuy and other applicable penalties of the law, that all of the information submitted in this report (including the information calained in any accompanying documents), has been evanified by the signatory and is, to the best of the underligned showledge and befel, true, correct, and complete. (See the section on penalties in the instructions.)	Q D S	
3. Name and address of person filing. Name Ernes # W Johason Name Painters Local Union ## 118 Labor Organization File Number 003159 P.O. Box, Bildg., Room No., if any Street 84/19 Windward C# City Louisville State Ky ZIP Code +4 49219 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (oxcept as a specified in the exclusions so forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other exconomic benefit of monetary value from an employer whose simployees your organization represents or its actively seeking to represent. A. Name and address of Employer (including trade name, if any). Ta. Nature of Interest, Turs section, or Income. Trade Name, if any: P.O. Box, Bildg., Room No., if any Table Name, if any: Street Signature 15. Signature and verification. The undersigned declares, under penalty of Pejury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned strowinedge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Full WW When Contained the instructions.		2. Fiscal Year Covered From:
Name Ernes # W Johnson Name Painters Local Union ## //8 Labor Organization File Number 003/59 P.O. Box, Bldg., Room No., if any Street 84/9 Windwood Ct City Louiswille State Ky ZIP Code + 4 4/02/9 State Ky ZIP Code + 4 4/02/9 Enter appropriate data below II, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with organization represents or its actively seeking to represent. A. Held an interest in, engaged in transactions (including loans) with organization represents or its actively seeking to represent. C. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under pensity of Perjury and other applicable pensities of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Shrowledge and belief, true, correct, and complete. (See the section on pensiles in the instructions.) Signature On 8-13-0-502 969-2-295	i a a directificati	1 / 1 / 2004 Through: 12 / 31 / 2-04
P.O. Box, Bldg., Room No., if any Street 84/9	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Street 89/9 Windward Cf City Louisville State Ky ZIP Code + 4 402/9 State Ky ZIP Code + 4 402/9 5. Position in labor organization Business Rep. Entor appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of monoretary value from an employer whose employees your organization represents or is activaly seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any T.a. Nature of Interest, Transaction, or income. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed May W Jahr. On 8-13-Qt. 502 96-9-22.95	Name Ernest W Johnson	
City Louisville State Ky ZIP Code +4 402/9 State Ky ZIP Code +4 402/9 5. Position in labor organization. Business Rep. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other coonomic benefit of monetary value from an employer whose employees your organization represents or is activally seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Signature 15. Signaturo and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and bellef, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State Ky ZIP Code +4 402/9 State Ky ZIP Code +4 402/9 State Ky ZIP Code +4 402/4 5. Position in labor organization. Business Rep. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed May W. A On 8-13-0: 592 969-2295	Street 8419 Windwood Ct	Street 4204 South Brook Street
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	City Louisuille	City Louisville
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	State KV ZIP Code + 4 40219	State Ky ZIP Code + 4 40 214
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other occurrence benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed M. W. J. Source of minor applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any T.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed M. W. J.	DUSINESS KEP.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed M. W. W. W. W. W. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	(except as specified in the excl	derived income or other aconomic benefit of
Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed M. W. D. M. On 8-13-0: 502 969-2295		The state of the s
Trade Name, if any: P.O. Box, Bldg., Room No., if any T.b. Amount. Street City State Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Signed Signed On 8-13-0: 502 969-2295	Name	
P.O. Box, Bldg., Room No., if any 7.b. Amount. Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed M. W. J. J. D. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Street City State Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed May Warm On 8-13-0: 502 96 9-2295	Trade Name, If any:	
State Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Survey Signature On 8-13-0: 502 96 9-2295	P.O. Box, Bldg., Room No., if any	
Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed May Warm On 8-13-0: 502 96.9-22.95	Street	7.b, Amount.
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8-13-0: 502 96.9-2295		
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8-13-0: 502 969-2295	City	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8-13-0: 502 96 9-2295	State ZIP Code + 4	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Signed On 8-13-0: 502 969-2295	Signature	
	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
	601101	
	Signed Just W Johns	

	· · · · · · · · · · · · · · · · · · ·
Name of Person Filling Ernest W Johns	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Nome Tall SIA C 11 CD C	mileage reimbursements (personal car)
Name Indiana State Council of Roofers	
Trade Name, if any:	(personal car)
P.O. Box, Bldg., Room No., if any P.O. Box 5769	
Street	11.b. Approximate dollar value of such dealing.
City Lafayette	12.a. Nature of interest held or income received.
	12.a. Nature of interest field of income received.
State ZIP Code + 4 47903 - ; 5769	
	12.b. Amount.
	TA,D, ANTOURL
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
THE CONTRACTOR OF THE CONTRACT	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State